

# ASSESSING PROGRESS TO FOSTER GREATER PLHA INVOLVEMENT IN BURKINA FASO

One year after the completion of the diagnostic study assessing PLHA involvement in NGO service delivery in Burkina Faso, research was conducted to determine the study's impact on the five participating NGOs and on national policy. Researchers interviewed NGO staff, service users, and their families to determine the extent to which the NGOs implemented the strategies that they had proposed, and examined the impact on national policy development.

## Key Findings

### **NGOs have initiated a variety of activities to reduce stigma within their organizations.**

NGOs updated information provided during pre- and post-test counseling, sensitized members to change negative perceptions of PLHA, and encouraged members to get tested. Four of the five NGOs established support groups for PLHA and their families; one has a social group that provides meals for PLHA. These activities have helped PLHA accept their status, achieve a sense of solidarity, and share experiences without risk. However, NGOs say they have been unable to reduce fear of external stigma among PLHA. Despite training to participate in public community information meetings, PLHA prefer to engage in individual counseling.

“You can imagine that people infected and non-infected eating together out of the same bowl, it’s really positive.” *PLHA*

### **Training opportunities increased, but lack of compensation for PLHA remains a barrier.**

All of the NGOs implemented new training for staff and volunteers, including pre- and post-test

HIV counseling, home visits, psychosocial counseling, advocacy, and care and support. Because PLHA volunteers’ time is limited by other responsibilities, they prefer short training sessions or for training to be scheduled during their work hours, with the NGO negotiating for time off with their employers without compromising the confidentiality of their HIV status. Reliance on volunteers challenges both individuals, who find it difficult to work without remuneration, and the organizations, which experience interruptions in care.

### **Through networks and partnerships, NGOs have expanded access to some services.**

Lack of funding and reduced availability of test kits impeded NGOs wishing to establish new testing centers, although some who were not already doing so established partnerships with local health care providers to expand access to voluntary counseling and testing, and care and support services. This involved negotiating agreements with public and private testing facilities to reduce fees in return for providing counseling. Two NGOs now collaborate with doctors to provide care and support services, and one NGO has established a referral system for PLHA. However, there has been no further expansion in access to treatment as a result of developing partnerships with local hospitals.

### **NGOs have begun to publicize their activities, but further progress is needed.**

All the NGOs have made efforts to publicize their organizations and opportunities for involvement by disseminating brochures. One organization was featured on a radio and TV show, but other strategies targeted to key

## National-level impact

After completion of the diagnostic study, NGOs attended national HIV/AIDS strategy development meetings where they were able to provide the National AIDS Program and UNAIDS with the only source of data on PLHA needs in Burkina Faso. Study results stimulated the revision of the national HIV/AIDS strategy to include PLHA care and support needs.

constituencies proposed, including open-house days and PLHA group discussion sessions, were not implemented.

“I am a member, I’m not active, I only participate in the support group meetings. Otherwise I am not informed that I could develop or participate in other activities of the association.” *PLHA support group member*

## Limited progress was made to involve PLHA in management and decision making.

While all NGOs sought to increase the involvement of PLHA in decision making, few PLHA are aware that they can become involved in the organizations’ managerial structures. Informants identified as obstacles the NGOs’ hierarchical structure and the lack of clarity regarding the options for PLHA involvement beyond using services.

## Women’s involvement increased despite the burden of household responsibilities.

Although women head up three of the NGOs in the study, the involvement of women in NGO services generally has been limited. As a result of the diagnostic study, women have become involved in running some NGO activities,

including information kiosks and a drug dispensary. Some women-only activities have been initiated, including a support group and an income-generating project. One NGO now refers women to legal services for property succession problems resulting from AIDS-related divorce.

## Conclusions

The diagnostic study’s participatory research process enabled NGO staff and members to consider, often for the first time, how to bring about change within their organizations and improve service delivery by involving PLHA. The follow-up study found that NGOs were more likely to implement PLHA involvement strategies that require internal organizational changes and few resources, but that they were overly ambitious regarding changes that require external inputs.

Nevertheless, the study shows that NGOs can undertake several important steps to foster greater involvement of PLHA, including women. These recommendations for expanding PLHA involvement emerged from the study:

- Develop realistic strategic plans with clear priorities for improvements.
- Improve staff capacity, including PLHA and volunteers, to create opportunities and a supportive environment for PLHA involvement.
- Network with other NGOs and care and support facilities to increase PLHA access to services.

July 2002

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Horizons conducts global operations research to improve HIV/AIDS prevention, care, and support programs. Horizons is implemented by the Population Council in partnership with the International Center for Research on Women (ICRW), the Program for Appropriate Technology in Health (PATH), the International HIV/AIDS Alliance, Tulane University, Family Health International, and Johns Hopkins University.



This publication was made possible through support provided by the Global Bureau of Health/HIV/AIDS, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-97-00012-00. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.